

## 2012 Claims Comparison - Family Coverage

Scenario 1: Full-Time employee with family coverage and a major car accident involving primary subscriber

	UHC \$500 Deductible	UHC \$1,000 Deductible
Complete Annual Physical all 4 family members (2 adult well visits, 4 well child visits)	\$0 copayment	\$0 copayment
Emergency Room Visit	\$200 copayment	\$200 copayment
MRI	Total charges \$1,210; \$500 toward deductible + \$142 coinsurance (20% of \$710 remaining)	Total charges \$1,210; \$1,000 toward deductible + \$42 coinsurance (20% of \$210 remaining)
Surgery	Total charges \$3,600; \$720 coinsurance (20% of \$3600)	Total charges \$3,600; \$720 coinsurance (20% of \$3600)
Inpatient Hospitalization - 4 days	Total charge from Hospital \$6,339; \$638 Coinsurance (20% of \$6,339 up to \$2,000 maximum OOP, then 100% coinsurance)	Total charge from Hospital \$6,339; \$1,238 Coinsurance (20% of \$6,339 up to \$3,000 maximum OOP, then 100% coinsurance)
2 prescriptions - monthly - 1 tier 1, 1 tier 2	\$100 deductible for individual + \$290 copayment (5 @ \$10, 8 @ \$30)	\$100 deductible for individual + \$290 copayment (5 @ \$10, 8 @ \$30)
Physician Office Visits - physical therapy - 12 total	\$300 copayment (12 @ \$25 each)	\$300 copayment (12 @ \$25 each)
<b>Total Member Out-of-Pocket Cost</b>	<b>\$2,890</b>	<b>\$3,890</b>
<b>Total Member Annual Premium</b>	<b>\$3,844</b>	<b>\$1,009</b>
<b>Total Member Annual Expenditure (MGMT)</b>	<b>\$6,734</b>	<b>\$4,899</b>

Scenario 2: Full-Time employee with family coverage, healthy

	UHC \$500 Deductible	UHC \$1,000 Deductible
Physician Office Visits - primary care - 6 total	\$150 copayment (6 @ \$25 each)	\$150 copayment (6 @ \$25 each)
Complete Annual Physical all 3 family members	\$0 copayment	\$0 copayment
Emergency Room Visit	\$200 copayment	\$200 copayment
<b>Total Member Out-of-Pocket Cost</b>	<b>\$350</b>	<b>\$350</b>
<b>Total Member Annual Premium</b>	<b>\$3,844</b>	<b>\$1,009</b>
<b>Total Member Annual Expenditure (MGMT)</b>	<b>\$4,194</b>	<b>\$1,359</b>

## 2012 Claims Comparison - Family Coverage

Scenario 3: Full-Time employee with family coverage and a vision-impaired premature baby

	UHC \$500 Deductible	UHC \$1,000 Deductible
Physician Office Visits - primary care - 8 total	\$200 copayment (8 @ \$25 each)	\$200 copayment (8 @ \$25 each)
Physician Office Visits - specialists - 6 total	\$300 copayment (6 @ \$50 each)	\$300 copayment (6 @ \$50 each)
Complete Annual Physical all 4 family members (2 adult well visits, 4 well child visits)	\$0 copayment	\$0 copayment
MRI for ankle issues subscriber 1	Total charges \$1,210; \$500 toward deductible + \$142 coinsurance (20% of \$710 remaining)	Total charges \$1,210; \$1,000 toward deductible + \$42 coinsurance (20% of \$210 remaining)
Outpatient eye surgery subscriber 4	Total charges \$2,660; \$500 toward deductible + \$432 coinsurance (20% of \$2160 remaining)	Total charges \$2,660; \$1,000 toward deductible + \$332 coinsurance (20% of \$1660 remaining)
2 prescriptions - monthly - 1 tier 1, 1 tier 2	\$200 deductible for 2 family members + \$290 copayment (5 @ \$10, 8 @ \$30)	\$200 deductible for 2 family members + \$290 copayment (5 @ \$10, 8 @ \$30)
2 prescriptions - one time - 2 tier 2	\$60 copayment (2 @ \$30)	\$60 copayment (2 @ \$30)
Emergency Room Visit	\$200 copayment	\$200 copayment

<b>Total Member Out-of-Pocket Cost</b>	<b>\$2,824</b>	<b>\$3,624</b>
<b>Total Member Annual Premium</b>	<b>\$3,844</b>	<b>\$1,009</b>
<b>Total Member Annual Expenditure (MGMT)</b>	<b>\$6,668</b>	<b>\$4,633</b>

Scenario 4: Full-Time employee with family coverage, diabetes adult

	UHC \$500 Deductible	UHC \$1,000 Deductible
Complete Annual Physical all 4 family members (2 adult well visits, 4 well child visits)	\$0 copayment	\$0 copayment
Physician Office Visits - primary care - 8 total	\$200 copayment (8 @ \$25 each)	\$200 copayment (8 @ \$25 each)
Physician Office Visits - specialists - 2 total	\$100 copayment (2 @ \$50 each)	\$100 copayment (2 @ \$50 each)
3 prescriptions - monthly - 2 tier 1, 1 tier 2	\$200 deductible for 2 family members; \$520 copayment (24 @ \$10, 12 @ \$30)	\$200 deductible for 2 family members; \$520 copayment (24 @ \$10, 12 @ \$30)

<b>Total Member Out-of-Pocket Cost</b>	<b>\$1,020</b>	<b>\$1,020</b>
<b>Total Member Annual Premium</b>	<b>\$3,844</b>	<b>\$1,009</b>
<b>Total Member Annual Expenditure (MGMT)</b>	<b>\$4,864</b>	<b>\$2,029</b>

## 2012 Claims Comparison - Single Coverage

Scenario 5: Full-Time employee with single coverage, an emergency, and a minor surgery

	UHC \$500 Deductible	UHC \$1,000 Deductible
Complete Annual Physical	\$0 copayment	\$0 copayment
Flu Shot	\$0 copayment	\$0 copayment
Emergency Room Visit with X-rays	\$200 copayment	\$200 copayment
Hernia repair	Total charges \$600; \$500 toward deductible, then \$20 (20% of remainder)	Total charges \$600 toward deductible
<b>Total Member Out-of-Pocket Cost</b>	<b>\$720</b>	<b>\$800</b>
<b>Total Member Annual Premium</b>	<b>\$1,273</b>	<b>\$0</b>
<b>Total Member Annual Expenditure (MGMT)</b>	<b>\$1,993</b>	<b>\$800</b>

Scenario 6: Full-Time employee with single coverage and a pregnancy

	UHC \$500 Deductible	UHC \$1,000 Deductible
Complete Annual Physical	\$0 copayment	\$0 copayment
Physician office visits Maternity	\$25 copayment (copay for first visit only)	\$25 copayment (copay for first visit only)
Ultrasound	Included with initial copayment as long as charged under global fee	Included with initial copayment as long as charged under global fee
Lab Work	Included with initial copayment as long as charged under global fee	Included with initial copayment as long as charged under global fee
C-Section Birth and hospitalization (baby leaves hospital at same time as mother)	Total charge from Hospital \$6,339; \$500 deductible; \$1,168 Coinsurance (20% of the remaining amount)	Total charge from Hospital \$6,339; \$1,000 deductible; \$1,068 Coinsurance (20% of the remaining amount)
3 prescriptions - monthly - 1 tier 1, 1 tier 2	\$100 deductible; \$380 copayment (12 @ \$10, 12 @ \$30)	\$100 deductible; \$380 copayment (12 @ \$10, 12 @ \$30)
<b>Total Member Out-of-Pocket Cost</b>	<b>\$2,173</b>	<b>\$2,573</b>
<b>Total Member Annual Premium</b>	<b>\$1,273</b>	<b>\$0</b>
<b>Total Member Annual Expenditure (MGMT)</b>	<b>\$3,446</b>	<b>\$2,573</b>

2012 Claims Comparison - Single Coverage

Scenario 7: Full-Time employee with single coverage and a major accident

	UHC \$500 Deductible	UHC \$1,000 Deductible
Complete Annual Physical	\$0 copayment	\$0 copayment
Emergency Room Visit	\$200 copayment	\$200 copayment
MRI	Total charges \$1,210; \$500 toward deductible + \$142 coinsurance (20% of \$710 remaining)	Total charges \$1,210; \$1,000 toward deductible + \$42 coinsurance (20% of \$210 remaining)
Surgery	Total charges \$3,600; \$720 coinsurance (20% of \$2660)	Total charges \$3,600; \$720 coinsurance (20% of \$2660)
Inpatient Hospitalization - 4 days	Total charge from Hospital \$6,339; \$1,362 Coinsurance (20% of \$6,339 up to \$2,000 maximum OOP, then 100% coinsurance)	Total charge from Hospital \$6,339; \$1,238 Coinsurance (20% of \$6,339 up to \$3,000 maximum OOP, then 100% coinsurance)
2 prescriptions - monthly - 1 tier 1, 1 tier 2	\$100 deductible for individual + \$290 copayment (5 @ \$10, 8 @ \$30)	\$100 deductible for individual + \$290 copayment (5 @ \$10, 8 @ \$30)
Physician Office Visits - physical therapy - 12 total	\$300 copayment (12 @ \$25 each)	\$300 copayment (12 @ \$25 each)
Total Member Out-of-Pocket Cost	\$3,614	\$3,890
Total Member Annual Premium	\$1,273	\$0
Total Member Annual Expenditure (MGMT)	\$4,887	\$3,890

Scenario 8: Full-Time employee with single coverage and diabetes

	UHC \$500 Deductible	UHC \$1,000 Deductible
Complete Annual Physical	\$0 copayment	\$0 copayment
Physician Office Visits - primary care - 4 total	\$100 copayment (4 @ \$25 each)	\$100 copayment (4 @ \$25 each)
Physician Office Visits - specialists - 2 total	\$100 copayment (2 @ \$50 each)	\$100 copayment (2 @ \$50 each)
3 prescriptions - monthly - 2 tier 1, 1 tier 2	\$100 deductible; \$380 copayment (24 @ \$10, 12 @ \$30)	\$100 deductible; \$380 copayment (24 @ \$10, 12 @ \$30)
Total Member Out-of-Pocket Cost	\$680	\$680
Total Member Annual Premium	\$1,273	\$0
Total Member Annual Expenditure (MGMT)	\$1,953	\$680